

**FRANCHISE BROKER REGISTRATION APPLICATION PAGE**  
**Appendix B--Illustration A**

File No. \_\_\_\_\_

(Insert file number of previous  
filings of Applicant, if any)

FEE: \_\_\_\_\_

(To be enclosed by Applicant at  
time application is initially filed)

Date of Application: \_\_\_\_\_

1. Name of Franchise Broker \_\_\_\_\_.

Name under which the Franchise Broker is doing or intends to do business

\_\_\_\_\_.

2. Franchise Broker's principal business address

\_\_\_\_\_  
\_\_\_\_\_

Name and address of Franchise Broker's agent in the State of Illinois authorized to  
receive process (your registered agent and the Attorney General):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Illinois Attorney General,  
500 South Second Street,  
Springfield, Illinois 62706

3. Name, address and telephone number of person to whom communications  
regarding this application should be directed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_